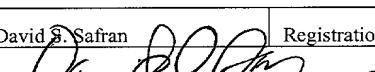
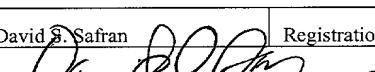
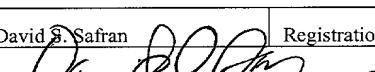


Please type a plus sign (+) inside this box → [+]

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

12/05/00
129422
9781565242299
P.I.C.
S.U.S. 212

UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 741124-63 First Inventor Dieter BUSCH Title ERGONOMIC, INTERFERENCE SIGNAL-REDUCING POSITION MEASUREMENT PROBE FOR MUTUAL ALIGNMENT OF BODIES Express Mail Label No.																																				
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Assistant Commissioner for Patents ADDRESS TO: Box Patent Application Washington, DC 20231																																				
<p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i></p> <p>2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p>3. <input checked="" type="checkbox"/> Specification [Total Pages 13] (preferred arrangement set forth below) <ul style="list-style-type: none"> - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (<i>if filed</i>) - Detailed Description - Claim(s) - Abstract of the Disclosure </p> <p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 3]</p> <p>5. Oath or Declaration [Total Sheets <input type="checkbox"/>] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> i. <input type="checkbox"/> <u>DELETION OF INVENTOR(S)</u> Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b)</p> <p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p> <p>18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) Prior application information. Examiner _____ of prior application No.: _____ / _____ Group / Art Unit _____</p> <p>For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p> <p>19. CORRESPONDENCE ADDRESS</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; padding: 5px;"> <input checked="" type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i> </td> <td style="width: 25%; padding: 5px; text-align: center;"> 22204 </td> <td colspan="3" style="width: 50%; padding: 5px;"> or <input checked="" type="checkbox"/> Correspondence address below </td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Name NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800 </td> <td colspan="3"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Address </td> <td colspan="3"></td> </tr> <tr> <td style="width: 25%; padding: 5px;"> City McLean </td> <td style="width: 25%; padding: 5px;"> State VA </td> <td style="width: 25%; padding: 5px;"> Zip Code 22102 </td> <td colspan="2"></td> </tr> <tr> <td style="width: 25%; padding: 5px;"> Country United States </td> <td style="width: 25%; padding: 5px;"> Telephone (703) 790-9110 </td> <td style="width: 25%; padding: 5px;"> Fax (703) 883-0370 </td> <td colspan="2"></td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Name (Print/Type) David S. Safran </td> <td colspan="2" style="padding: 5px;"> Registration No. (Attorney/Agent) </td> <td style="padding: 5px; text-align: center;">27,997</td> </tr> <tr> <td colspan="2" style="padding: 5px;"> Signature  </td> <td style="padding: 5px;"> Date </td> <td colspan="2" style="padding: 5px;"> December 5, 2000 </td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>	22204	or <input checked="" type="checkbox"/> Correspondence address below			Name NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800					Address					City McLean	State VA	Zip Code 22102			Country United States	Telephone (703) 790-9110	Fax (703) 883-0370			Name (Print/Type) David S. Safran		Registration No. (Attorney/Agent)		27,997	Signature 		Date	December 5, 2000	
<input checked="" type="checkbox"/> Customer Number or Bar Code Label <i>(Insert Customer No. or Attach bar code label here)</i>	22204	or <input checked="" type="checkbox"/> Correspondence address below																																				
Name NIXON PEABODY LLP 8180 Greensboro Drive, Suite 800																																						
Address																																						
City McLean	State VA	Zip Code 22102																																				
Country United States	Telephone (703) 790-9110	Fax (703) 883-0370																																				
Name (Print/Type) David S. Safran		Registration No. (Attorney/Agent)		27,997																																		
Signature 		Date	December 5, 2000																																			

Burden Hour Statement: this form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL FOR FY 2001

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT

<i>Complete if Known</i>	
Application Number	NEW APPLICATION
Filing Date	DECEMBER 5, 2000
First Named Inventor	Dieter BUSCH
Examiner Name	Unknown
Group Art Unit	Unknown
Attorney Docket No.	741124-63

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number

Deposit Account Name

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit Card Money Order Other

FEE CALCULATION

1. BASIC FILING FEE

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101	710	201	355
106	320	206	160
107	490	207	245
108	710	208	355
114	150	214	75
SUBTOTAL (1)		(\$355.00)	

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	-20** =	0 X 0 =	0
7	-3*** =	4 X 40 =	160.00
Multiple Dependent		135	135.00

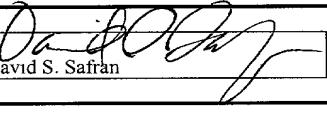
Large Entity Fee Code	Small Entity Fee Code	Fee Description
103	18	203
102	80	202
104	270	204
109	80	209
110	18	210
SUBTOTAL (2)		(\$295.00)

**or number previously paid, if greater. For Reissues, see above

3. ADDITIONAL FEES

Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
105	130	205	65
127	50	227	25
139	130	139	130
147	2,520	147	2,520
112	920*	112	920*
113	1,840*	1131,840*	
115	110	215	55
116	390	216	195
117	890	217	445
118	1,390	218	695
128	1,890	228	945
119	310	219	155
120	310	220	155
121	270	221	135
138	1,510	138	1,510
140	110	240	55
141	1,240	241	620
142	1,240	242	620
143	440	243	220
144	600	244	300
122	130	122	130
123	50	123	50
126	240	126	240
581	40	581	40
146	710	246	355
149	710	249	355
179	710	249	355
169	900	169	900
Other fee (specify) _____			

* Reduced by Basic Filing Fee Paid **SUBTOTAL (3)**

SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)		Registration No. (Attorney/Agent)	27,997	Telephone
Signature				Date

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

NVA29592.1